

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>YR</i>	7533	
O.I.P.E. CLASSIFIER		43	3/9/00
FORMALITY REVIEW	<i>DS</i>	6533	5/11/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
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25	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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